



Wonderland Wizards Youth Hockey Association Coaching Application
2020– 2021 Season

Return this application to the club Hockey Director at WonderlandWizards@outlook.com if interested in a coaching position for next season.

PERSONAL DATA

Name:			
Current Address:		Daytime Phone:	
Evening Phone:		Mobile Phone:	
Email Address:		Parent Coach (Y / N):	

PRIOR COACHING EXPERIENCE (list the most recent first)
 If returning PYHA coach – enter the word “Returning” and leave section blank

Years	Club / Organization	Reference Phone #	Team Level/ Head or Asst

USA HOCKEY COACHING CERTIFICATION LEVEL

Coaching Card Number:	Coaching Certification Level:	Year Obtained:
Safe Sport Certification Obtained (date)	On Line Modules Completed (circle) MT SQ PW BT MD	
Background Screening Obtained (date)		

PLAYING BACKGROUND

Youth Hockey:	
High School:	
College:	
Other:	

TEAM APPLYING FOR

First Choice:		Third Choice:	
Second Choice:		Fourth Choice:	

APPLYING FOR A POSITION AS Head Coach Assistant Coach
 Parent Coach Non-Parent Coach

REFERENCES (List three people not related to you – not required for returning coaches)

Name	Relationship/How Long Have You Known Them	Phone

Completion of this application form does not guarantee you acceptance for a position with WWYHA. Offer of coaching position is subject to the results of a background check.